



File with: City or Town Clerk or Election Commission

Please print or type all information, except signatures.				
Fill in dates: Reporting Period Beginning 10 22 20	er Month Date Year 11 Ending 12 31 2011			
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding elect.	ion 30 day after election year-end report dissolution			
Full Name of Candidate (if applicable) TAUNTON MUNICIPAL COUNCIL Office Sought and District	Committee Name Name of Committee Treasurer			
175 PARTRIBGE CIRCLE Residential Address	Committee Mailing Address			
Tel. No. (optional)	Tel. No. (optional)			
SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used				
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign Incance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this report in comparing the finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this report in charge and represents the finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this report in charge and represents the finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this report in charge and represents the finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this report in charge and represents and report in charge and represents and represen				
Treasurer's signature (in ink)	Date			
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)				

Affidavit of Candidate: (check 1 box only)
Candidate with Committee and no activity independent of the committee
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a data distribution of M.G.L. c. 55. I have not received an finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received an finance activity, of all persons acting under the authority or on behalf of this reporting period.
finance activity, of all persons acting under the abutony of the persons acting the persons acting under the abutony of the persons acting under the abutony of the persons activity filling separate report.
contributions, incurred any institutes not insect any expension and in the contributions, incurred any institutes not insect any expension and in the period of the contribution of the co
Candidate without Committee UK Candidate with interpretable and it is to the best of my knowledge and belief, a true and complete statement of all campaigness.
Candidate without Committee OR Candidate with independent activity filling separate report Committee OR Candidate without Committee OR Candidate with independent activity filling separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of the certification of the certificatio
finance activity, including contributions, loans, receipts, expenditures, disorder than accordance with the requirements of M.G.L. c. 55.
Signed under the penulties of perjury:
Signed under the penalties of perjury:

Candidate signature (in ink)

Date

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

Date Received	ved (alphahetical listing required)		unt	Occupation & Employer (for contributions of \$200 or more	
10/25/2	DEBORAH A CARR 125 PARTRINGE CIRCLE VI TAUNTON MA 07780	445	00	Not EmployES	
	7. 7.1				
				-	
•					
Line 9:	Total receipts in excess of \$50 (or listed above)	445	00		
	Total receipts \$50 and under* (not listed above)	1	00		
ina 11.	TOTAL RECEIPTS IN THE PERIOD	445	00	Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

number on eac		: 4	Address	Purpose of Expenditure	Amo	unt
Date Paid			Addicas	Zuipozo		
	(alphabetical list	ung)	Des 201 2096	CAMPAIGN		
10-25	RUNDANSWIN . CC PO BOX 2096		PO BOX OUTE	SIGNS	445	00
2011	AIVEN S.C. 2	9802	PO BOX 2096 AIKEN SC 19801	2.0.0	110	
	71116					
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			A Decidence of the Control of the Co		1	
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						-
				/		
						_
			Line 12.	Expenditures over \$50	445	00
						00
				Expenditures \$50 and under*		10
1	Enter on page 1, line 4		Line 14:	TOTAL EXPENDITURES	445	00

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date	From Whom Received*	Residential Address	Description of Contribution	Value
Received				
		,		
				+
				
	•			
	•			
		Tine 15:	In-kind over \$50	0
				1
			In-kind \$50 and under	4
	Enter on page 1, line 6	Line 17	: Total In-kind	
	Little on Page 1, mie			

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor, in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date	To Whom Due	Address	Purpose	Amount
Incurred				
				1
		,		
		/		
			-	
				18
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	1 9

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.



Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

File with: Director Office of Campaign and Political Finance One Ashburton Place Boston, MA 02108

Please print or type all information, except signatures.

(617) 727-8352 Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individual being reimbursed:		CPF ID #:		
Committee Name:				
Amount of Reimbursement:				
Date of Reimbursement:				_
ITEMIZE EXPENDITURES OF \$50 OR MORE				
	J. A. d.dwagg	Purpose of Expenditure	Amount	

		Purpose of Expenditure	Amo	un
Date Paid	Vendor Name and Address	f in pose of Experience		
				-
1				L
				\vdash
	·			
				\vdash
		2050 (5.11 1-11)		-
		Expenditures in excess of \$50 (listed above)		-
		Expenditures under \$50 (not listed above)	A	-
		TOTAL AMOUNT REIMBURSED	W	

Signature of Candidate/Treasurer



Scheaule & Municipal Form

Disclosure of Assets Statement

Office of Campaign and Political Finance of Marrachusetts File with: City or Town Clerk or Election Commission CPF ID# This form should be filed by all candidates and committees with each year end and each dissolution report. Committee Name: Date of report: All candidates and committees must fill in Part A or Part B. Part A: No assets* were acquired or disposed of by this candidate/committee during the period covered by this statement. Assets acquired: List all assets acquired since the committee last filed this statement. If this is the first Schedule E you have filed, list all assets. Manner Acquired Cost/Value Asset Date Present Location Include year, model or other identifying Acquired information, if applicable. Assets disposed of: List all assets sold, traded or transferred during the reporting period covered by this statement. Date and Manner Disposition Value Disposition to: Date Attach statement of how Include year, model or other identifying of Disposition Name and Address Acquired value is determined. information, if applicable.

Assets acquired by a political committee must be used for the political purpose for which the committee is organized and must remain the property of that committee. Assets may be disposed of at any time, but must be disposed of prior to dissolution.

*An asset is defined as any one item that has a useful life of more than one year, would be depreciable in a normal business environment, and has a cost/value of \$1,000 or more at the time of acquisition.

Signed under the penalties of perjury:	Signed under the penalties of perjury:	
Debouch a Cair 1-20-2012		
Candidate signature Date	Treasurer signature Date	

Attach additional sheets, if necessary, to disclose all assets acquired or disposed of in a reporting period.